

10/576811

Application Data Sheet

LAP12 Rec'd PCT/PTO 21 APR 2006

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DENSE MORTAR BASED ON BINARY
ETTRINGITE BINDER, COMPRISING
AT LEAST ONE POLY(ALKYLENE
OXIDE) COMB POLYMER AND AT
LEAST ONE STRUCTURING ORGANIC
RESIN
Attorney Docket Number:: 0510-1135
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LORIS
Middle Name::
Family Name:: AMATHIEU
Name Suffix::
City of Residence:: SAINT-LAURENT-DE-MURE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 83, AVENUE JEAN MOULIN
Address::
City of Mailing Address:: SAINT-LAURENT-DE-MURE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 69720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BRUNO
Middle Name::
Family Name:: TOUZO
Name Suffix::
City of Residence:: LYON
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 35, RUE DU DOCTEUR BONHOMME
Address::
City of Mailing Address:: LYON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 69008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LIONEL
Middle Name::
Family Name:: RAYNAUD
Name Suffix::
City of Residence:: CORBELIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing HAMEAU LE MALLEIN
Address::
City of Mailing Address:: CORBELIN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 38630

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DINA
Middle Name::
Family Name:: GAUTHIER
Name Suffix::
City of Residence:: NIEVROZ
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 4, LOTISSEMENT LES BONNES
Address::
City of Mailing Address:: NIEVROZ
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 01120

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/050529	10/22/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 50728	10/23/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::